Parentline plus

COMPREHENSIVE SPENDING REVIEW 2007

DfES/HM Treasury Joint Policy Review on Children and Young People

Overview

Parentline Plus welcomes the Joint Policy Review on Children and Young People which will include the pending Comprehensive Spending Review. In particular we welcome the opportunity to submit evidence on behalf of parents on ways that services can support their essential role as the core provider of care and support, and main source of influence for their children.

Parentline Plus is a national charity and the largest independent provider of support to parents in the UK.   All our services, whether national or local, are parent led, underpinned by consultations and audits with parents which identify need and point the way forward. Parentline is our flagship service, a free 24 hour confidential line for parents available whenever they need information, advice and support. Parentline represents the only independent universal service available to parents. Our other services include: Parents Together groups and workshops; information leaflets to meet parents' concerns through each stage of their child's development; website with downloadable information for parents, resources for professionals and active message boards; email support offering a confidential, personal response to specific issues.

Parentline Plus' programme of family support is built on our understanding of how and why parents struggle. Key to its effectiveness is our use of parent to parent support which enables us to deliver non-stigmatising and respectful services, reaching traditionally hard-to-reach groups - both mothers and fathers, and those from different socio-economic, ethnic and faith groups.

Our services are whole family focused. Our ethos evolves from a preventive and participative principle, working with parents to deliver long term positive outcomes for their particular child or children and family as against more directive behavioural programmes designed to influence specific behavioural problems demonstrated by the child. We understand that parents want to stay in control of their family life. They want the building blocks which allow them to make decisions and choices for their children and for themselves[1] and we work with them to look at solutions which will enable them to make such informed choices.

Throughout this evidence we define parents as anyone in a parenting role. Policy service development has all too often been targeted at the mother who remains the one most likely to access and use family support services.

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[1] Quinton D, *Supporting Parents: messages from Research.* DH, DfES, (2004)

The needs and concerns of parents

Parents are under the spotlight as never before. Under pressure to be seen as successful parents, enabling their children to aspire and to achieve whilst contributing to society through work and community involvement, many feel that they cannot achieve the demands put on them.

Parents can be described as following a journey from ante-natal classes and check-ups through to their child's maturity and independence. A table illustrating a typical parent's journey is included as appendix 2. This table also describes the gateways and points where parents can access support, traditionally via health services, social services and education as children grow. The gateways exist but the provision is patchy, dependent on local political forces and funding and there are few services beyond these traditional gateways where workers can signpost parents.

However, parenting is so private and intimate, that parents remain unwilling to admit publicly how difficult it can be. This exacerbates the potential stigmatisation that is associated with targeted interventions. As a result, many feel unable to ask for the help which could make significant improvements to their lives and the lives of their children. It is made more difficult to admit to difficulties because it is perceived that the state, and those providing public sector services, intervene when they think parents are doing a bad job, rather than acknowledging that all parents intend to do a good job and thus are entitled to help.

Below the surface millions of families are living with stressful situations, and keeping their anxiety private and within the family, because they are frightened about what could happen to them if they reached out for help at any level. One parent told us, *"Our family life is ours alone. It's private whatever the problems. Sometimes we talk to our family or maybe a friend who is in the same boat, but a lot gets unsaid".*

When devising services, whether universal or targeted, it is essential that commissioners understand the innate wariness of parents to seek or to take up support early on. This is particularly apposite when looking at interventions geared to the more hard to reach families. Research shows that many socially excluded families are isolated and make little use of social support networks of family and friends – often because these networks rely on reciprocity and families facing many challenges feel they have nothing to give in return.[2]

Research also shows that families who lack social networks are less likely to use formal services because it is usually word of mouth that enables parents to feel that a service will be beneficial to them[3]. They also respond and want parent to parent delivery and as such, services have to reflect informal, social or family support networks.

Development of intervention needs to reflect the fact that most parents need a mixture of information, advice and support across a spectrum of need. Many do not distinguish between information, advice or support[4] - so long as it answers their question and points them to a range of solutions enabling them to act to solve their problem.

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[2]Creative January (2001)
[3]Ghate, D., *Parenting in Poor Environments: Stress, Support & Coping* (2002)
[4] Ibid.

It is this choice which is pivotal to parents who after all, know their children better than anyone else with the vast majority accepting and appreciating this responsibility. When seeking help therefore, parents need to be in control of the situation. One lone mother said,

"'Support' means … the parent is still in charge and you are asking for help, advice and whatever – but you are the one in charge. You are not handing over your kids to someone else to take over."[5]

Principles and practice

Parents, families, the community and the state have a shared responsibility to work in partnership in order to build secure foundations for the future.   We particularly welcome the preventative emphasis in the call for evidence. Appropriate, targeted, as well as universal interventions, developed with parents and demonstrating a non – judgemental and responsive approach are key to delivering the support parents want and need and therefore to achieving positive outcomes for children.[6] The principles that guide our services are included as appendix 1.

Currently however, there is little available to parents at the point where problems begin to escalate. The high cost of intervention at the point of crisis is well documented but the human misery and the knock on effect for the whole family cannot be underestimated.

Although we welcome the principles underpinning Every Child Matters and the local development of Change for Children programmes, we are concerned that the challenges to effective inter-agency working focuses on children's services. A divide between children and family services remains a significant risk, generating fragmentation rather than effective whole family interventions.

Preventive services designed around the child's needs must demonstrate they are responsive to the emotional and practical support needs of parents, and that the parents are engaged in the services developed for their child. Without high quality interagency working practices, which include respect for the parents' essential role in achieving positive outcomes for their children, this fragmentation will undermine the effectiveness of early interventions. We will continue to work with local partnership boards to monitor the implementation of the Common Assessment Framework, seeking transparency of the processes, ensuring that parents' and children's consent is obtained where confidential information is recorded, (unless it is unsafe to do so) and providing information about the concerns and needs of parents and carers so that assessments can result in families receiving appropriate services[7].

As such, when focusing on interventions designed and developed to prevent future crisis and family fragmentation, the following should apply:

- Early interventions must not just be targeted. Parents need to be able to self-refer early on to services which meet their needs at their particular point in a parent's journey, whether it be information, advice or support. They must have the

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[5] Ghate, D., *Parenting in Poor Environments: Stress, Support & Coping*, (2002)
[6] Department of Health (DOH) *Child Protection: Messages from research,* (1995)
[7] Cleaver H, Barnes J, Bliss D and Cleaver D, *Developing identification, referral and tracking systems: an evaluation of the processes undertaken by trailblazer authorities, interim report* University of London/ DfES, (2004)

confidence to do so. Informal, responsive parent to parent support at this stage can enable bridge building between parents and other more specialist services.

- There must be a broad range of practical and emotional support. Some parents can find support in knowing where to ring for help or where to find materials on tips and strategies – others need intensive, long-term individual support designed to tackle specific problems.

- There must be recognition that interventions do not always lead to long-term positive outcomes. External social and health circumstances such as disability and generational worklessness – or where the family group is highly vulnerable due to divorce or separation, bereavement or substance abuse - mean that such interventions often have a stabilising effect rather than generating significant change. However, this stabilising effect must not be underestimated, as it is highly significant in preventing further damage. For instance, interventions delivered as a response to concerns about older children can have a positive knock-on effect to younger children.

- Whole-community approaches work- such as very local regeneration projects, refurbishments of buildings and community open spaces or where schools reach out into the community with various learning opportunities including parenting support. Parentline Plus's experience shows that this type of support builds confidence and widens experiences helping parents to return to the workforce and improving children's behaviour, thus tackling potential antisocial behaviour. Our groups and workshops in community settings, such as schools, have been externally evaluated and found to have had very positive responses.[8]

- Parents must feel ownership of the support they are offered – acknowledging its appropriateness and being reassured that any service has been developed with the understanding of parental need. This cannot take place without parental participation in the planning and delivery of services.

- There should be a mix of provision, offering support which is non-stigmatising, non-judgemental, flexible, responsive and customised to a particular neighbourhood or community. Policy makers, commissioners and providers must acknowledge and demonstrate the understanding that parents need to be seen to be in control of the decisions made about their family except where there is risk of harm to children.

- Practitioners working with parents and children must be given skills-building training from the outset. An effective workforce is essential to the delivery of high quality services and appropriate signposting or referral to specialist services, both local and national. Ongoing development and high quality supervision should be offered as a matter of course.

- Interagency cooperation must be seen to work – the Change for Children programme must ensure robust and public reviews of the effectiveness of cross agency working.

- Funding for the voluntary sector remains challenging to access and is often offered for short term projects which make sustainability difficult. More investment is needed and more of that investment should be long-term.

- Commissioning structures should not be an obstacle to parents accessing support when they need it. We welcome the instruction that local authorities should appoint a commissioner entirely for parent support. We hope that those who hold this essential appointment listen and learn from those – such as the community based VCS – who have been delivering parenting support from the roots up. Their work proves the essential need for parental participation in shaping services which meet their stated needs. The VCS are acknowledged

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[8] Three evaluations: Davies H, 1996; Shared Intelligence 2004; Mayer (2004)

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experts in consulting parents and engaging them through trust. Statutory services have much to learn from this experience.

It is in light of these principles that Parentline Plus has drawn up the following answers to questions in Annex B1 and B4, concentrating on issues around parenting and parents' behaviour and needs.

Annex B1

1. What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?

Universal services act as gateways to other services as is demonstrated in our Parent's Journey chart. The majority of universal services are accessed at key life stages for their children and as such an essential opportunity to offer appropriate information, advice and support as well as high quality signposting.

However, frontline workers in universal services need training and skills building to recognise when and how to reach out to parents if they are to be effective in providing access to other preventive support. Such training, delivered to the National Occupational Standards in working with parents, should be a necessity for any worker involved with families at every level as should be better supervision and on-going support for workers.

Socially excluded parents are known to make little use of mainstream universal services. Moreover, there is some evidence that the provision of universal services alone can increase inequality. To rectify this, such service providers need to invest in outreach development, where workers are enabled and resourced to build relationships with parents which will lead to better take-up of services. To ensure that this investment is made, appropriate targets for service reach and update should be part of the commissioning process. A relevant example is the work done in schools offering parenting support as part of their extended services. Where staff are recruited solely to build bridges within a local community, and where they are able to build trust with the parents and families served by the school, take-up of family learning and parent support has been very positive. This is particularly the case where the family link workers' roles extend beyond attendance.

2. How can targeted and specialist services intervene earlier to address problems before they become acute?

Such interventions will only work well if they stem from good partnership-working from the outset. This is particularly the case in relation to adults' and children's social care services which would enable identification of families potentially at risk and to plan appropriate interventions. Only then will problems be recognised before they get to crisis level. Formal requirements and guidance on such working in relation to early preventive work is necessary in shaping local responses and planning and has to reflect the specific issues and needs of the local community.

It is strongly recommended that parents are enabled to refer themselves to such services if they identify pressing problems rather than only being able to secure such support if they are the subject of a referral from mainstream agencies. In our experience, every parent that we have worked with on a compulsory parenting order has been asking for help for years, but been deemed ineligible for services. This is wasteful not only in terms of money but, more importantly, in terms of human misery.

Where services are seen as accessible and not associated with failure, in as much as they are perceived by families as branding them as a problem family, parents are more likely to respond positively to such delivery. Where these services are seen to be shaped by parents and responsive to individual need, once again there will be

better take-up. This needs extensive individual trust-building through outreach as outlined earlier in this paper.

3. **How can the impact of intervention to prevent children, young people and families with complex needs repeatedly moving in and out of contact with targeted services be sustained?**

The Common Assessment Framework includes the appointment of a Lead Professional (LP) to support a child and family going through the system. Although welcome, LPs often have short-term responsibilities relating to a specific cause for concern.

A lead family support worker who has responsibility for a specific family or parent and child would enable a more seamless journey for the family. Such a worker must be independent of statutory services but trained to identify where and when to signpost to targeted services.

The delivery of parent to parent support in this context would ensure trust and understanding. The VCS run a range of such mentor/befriending/outreach worker schemes which could be developed to act as a link between services and a source of feedback on the intervention framework.

Underpinning this informal but authoritative support, there must be excellent interagency communication which respects a family's right to confidentiality and consultation.

4. **How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?**

We acknowledge that rights and responsibilities are linked but this question is difficult to answer until there is a shared understanding of what parents' rights and responsibilities are. In 2003 Henricson[9] claimed that, 'There is no overarching statement on the government's expectations of parents and the state in supporting children'. The Commission on Families and the Well-being of Children also came back to this issue in their 2005 report *Families and the state: Two-way support and responsibilities,* when they recommended that government should develop a 'principled and consistent approach' in a comprehensive policy review across all departments 'with a locus in family policy'. The commission also recommended that universal services should be a legal entitlement for all parents.

Parents and families do have responsibilities to their children to:
- Provide love, care, attention and encouragement for their children to enable them to thrive, including physically and emotionally.
- Teach the children a sense of values and enable the child to have a clear sense of their own identity, race and culture.
- Listen to their children and make informed decisions to promote each child's health and education and overall well-being.
- Provide materially and financially for their children, accessing state support if necessary.

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[9] Henricson C. *Government and Parenting: Is there a case for a policy review and a parents' code?* Joseph Rowntree Foundation (2003)

- Enable and support their children to take appropriate responsibility for their lives and individual decisions as they grow older.

Similarly the state has a responsibility to parents, to sufficiently respect the importance of their role, that when parents need assistance or help, they are listened to and supported, rather than vilified. Where should blame, after all, be apportioned when a child's criminal behaviour escalates: if the parents have been asking for help for years to no avail; if there is a six month waiting list for the child to attend a drug treatment programme and there aren't adequate mental health services for the mother; or is blame not helpful in this instance?

5. **What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?**

Effective interventions should deliver improved life chances in terms of fewer early unplanned pregnancies, more resilient mental and physical health, better attainment leading to improved skills/employment prospects, and more cohesion within the family group.

As has been pointed out in this paper, early interventions in some more complex circumstances can only be accepted to stabilise the family situation. Yet in terms of value for money, such stabilisation makes a significant contribution and can lead to better use of other services.

Where early interventions and investment in ongoing services following such intervention should never be at the cost of child protection which will always require substantial resources. Long-term however, investment in universal and targeted interventions will reduce costs but never eliminate them totally.

6. **What works in reaching out to the most vulnerable families to ensure they are able to take full advantage of service provision, especially in the early years?**

As has been emphasised throughout this paper, parents value individual support offered in a respectful and appropriate way. Where this can reflect the traditional support given via family and friends' social networks – especially if such information, advice and support is delivered parent to parent -, parents are shown to be more responsive and this in turn can lead to improved use of statutory services.

Outreach and individual support has to be extensive and fully resourced. Workers need to be able to recognise where specific problems are severe or potentially severe and how to signpost families to other support or to instigate child protection procedures.

Parentline Plus' local services put outreach and individual support at the core of its local services. This is a typical example of recent work undertaken by our Bristol office working with a range of interagency partnerships to support parents whose children were persistently truanting and/or coming before the Youth Courts. The children were aged 10 years and upwards; none attended school regularly.

The aim was to reach and engage with the parents waiting at the Youth Courts with their children. A Parentline Plus facilitator attended the Courts weekly for 9 months in 2005-6, meeting 117 parents. We collated requests for further telephone, individual and group support and gave the Parentline number to all.

Some joined a rolling, facilitated support group for parents of older children with challenging behaviour; three group members were referred by the YOT and five by the education welfare officer. All were single parents, some with new resident partners. All these women had experienced domestic violence from the children's fathers and/or stepfathers.

40% of the children were girls; the difficulties with them were truancy, self-harm, running away, drugs misuse and concerns about sexual activity. The boys were also involved in active offending including violence, drugs dealing, burglary and affray.

This outreach also introduced parents to two groups for parents of older children with 'challenging behaviour'; nearly all the mothers in the group have experienced significant violence from their teenage children. 80% of parents were using prescribed anti-depressive or anti-psychotic medication.

One family's story:

George is 14 and spent October to December in local authority care at his mother's request. He was stealing regularly, was a gang member, lost his school place when he was in care out of the county and has not returned to school since. His mother Carry came to an individual support session here in March on social services' recommendation and then enrolled on Getting on with your Teenager and Dealing with Anger groups. George does not want to use services himself. Recently he was badly stabbed in a gang fight.

During the groups Carry has attended she has been supported to use listening skills to understand how her son is feeling. He has told her he is very distressed about the breakdown of his relationship with his father. She now sets boundaries confidently and reports a reduction in George's violent outbursts and an increase in his time spent at home. The younger children in the family are less fearful and their behaviour is also calmer.

7. **What evidence is there of major barriers to developing a preventative system? Are there examples where you have overcome these barriers?**

The evidence that we have collated from parents who have used our services indicates that:
- Suspicion and concerns about stigma make parents reluctant to share their family's problems particularly when faced with penalty enforcement which delivers 'negative' support rather than responsive and respectful support. [10]

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[10] University of Birmingham *Developing Preventative Practices: the experience of children, young people and their families in the Children's Fund* 2006

- The inappropriateness of measures which do not take into account particular circumstances, minority cultures, social exclusion, disability issues need specific measures.[11]
- The fact that no one family is the same and in a state of constant change due to external influences such as work or lack of it, or because of divorce, separation, mental and physical health problems and so on. It can therefore be difficult to offer ongoing support to certain families.
- Lack of robust interagency working leading to single agency services rather than a more holistic approach covering all gateways and support services.
- Lack of sustained income to cover intensive outreach and individual support to reach families living in chaotic circumstances.

8. What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?

We do not have this evidence as we are a provider of preventive services but our experience since the introduction of the 1989 Children Act suggests that the freeing up of money at the acute end does not happen easily because the acute end still exists until preventive worked has been provided. So there is a need to fund both acute and preventive services and then the demand for acute support diminishes and preventive work takes hold. This was not funded with the introduction of the 1989 Act and hence most of its intentions about preventive work have been almost impossible to achieve – and hence the need for this current spending review.

9. How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people

Our recommendations on this point can be summarised as:
- Boost confidence by building secure relationships that demonstrate mutual trust between parents and professionals on a micro-level.
- Utilise local authority community consultation processes and ensure that parents who currently access services are represented on local strategic partnership committees.
- Ensure that meetings are focused but without the strictures of formal committee protocol.
- Create parents' consultative councils (not PTA or governors) at extended schools or covering specific areas such as a secondary school and its main feeder primaries; or a housing estate; or a village or a Sure Start zone.
- Facilitate parents' participation with the provision of crèches and interpreters where appropriate.
- Reward their participation with refreshments, free raffles and treats for parents or children e.g. an annual picnic, a group trip to a swimming pool or visitors to talk on issues of interest to parents (which can also be built back in to family learning programmes).
- Say thank you.
- Be responsive, open-minded, non-judgemental and flexible.
- Provide feedback on what will be done as a result of their participation.

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[11] Barrett H, *Parenting Programmes for Families at Risk: A source book* NFPI (2003)

Annex B4

High cost, high harm families

Parentline Plus does not work intensively with families who might be defined as 'high cost, high harm'. Where there is risk of harm, we refer to statutory agencies. As a Voluntary and Charities Sector (VCS) provider, we do work alongside these agencies such as social services and Youth Offending Teams, to provide support to families to make changes to their parenting style. In our experience a number of factors are of critical importance in working with these families:

- A willingness to build a trusting relationship with the parent/carer – and this is not compatible with being the same person to issue a fine/penalty notice etc.
- A willingness to work alongside the parent – and this is compatible with child safety and protection BUT only if the worker is very well trained and very well supported and supervised.
- A willingness to hold confidentiality unless a child or another person is at risk of harm – and this can be difficult for statutory agencies, and also requires very well trained and supervised staff.
- Good working relationships with other agencies on the ground, so that further support can be obtained for family members, and agencies can intervene in risky and potentially dangerous situations.
- Often good working protocols are needed.

VCS providers are not all the same, and many of the Children's Charities do provide statutory services under contract to Local Authorities. Other specialist VCS charities also provide social care services whilst not undertaking statutory work. In considering the role of the VCS in providing services, it is important to distinguish between these different services, and to acknowledge that there is room for them all.

Appendix 1

Principles that underpin all Parentline Plus services

Parents want to do their best for their children. Services should be built on that desire, work flexibly and in partnership with parents in order to achieve the best possible outcomes for children.

Parents have a right to stay in control of their family life. Services must be responsive and respectful, acknowledging that parents want support and information so that they can make informed choices about how to tackle family problems, and in so doing take responsibility for that choice.

Families come in different shapes and sizes. Services must make efforts to be inclusive of all significant adults for children who are in a parenting role – fathers and mothers, stepparents, non-resident and resident parents, grandparents, siblings and extended family members. Families should be enabled to decide for themselves who constitutes their family.

Family life is complicated. Services must value the everyday intimate connections between people and facilitate caring and acknowledge interdependence between family members. We encourage parents to appreciate their families and to see their successes as well as helping them through their difficulties.

All families have difficulties from time to time. Parents are entitled to support when they need it and in ways that suit them, their children and their circumstances.

There is no one right way to parent. Families can learn from each other, sharing ideas and experiences, and in particular can gain from the richness of diversity present in the UK, Europe and the rest of the world.

Praise and encouragement is more effective than blame and punishment. Parents and children need to be valued for who they are and what they have done and can do.

People can change. We work with parents on their inner attitudes and understanding as well as developing their skills. Giving parents opportunities to learn and develop and supporting them to make changes in their family is often a first step towards many other life changes.

People grow from giving and receiving. We enable volunteering, we support and enable parents to give to each other (whether living together or apart), to their children and to their wider community and networks.

Practice should mirror service values. Practitioners will receive training, support and ongoing development so that they can continue to do their best for the parents they work with.

Appendix 2: Parents' Journey: typical gateways to support

- GREEN = Unpredictable support, which is not always in place
- BLUE = Universal services
- RED = Targeted services
- VIOLET = Some targeted and some universal services, dependent on local provision

	Pre-parenthood	0-5 years	5-11 years	11-16 years	Post 16 and beyond
1. Informal support	Other parents, friends (and family) for some but not all prospective parents	Other parents, friends (and family) for some but not all parents	Other parents, friends (and family) for some but not all parents	Other parents, friends (and family) for some but not all parents	Other parents, friends (and family) for some but not all parents
2. Voluntary sector	Voluntary sector, variety of indirect and direct support	Voluntary sector, variety of indirect and direct support	Voluntary sector, variety of indirect and direct support	Voluntary sector, variety of indirect and direct support	Voluntary sector, variety of indirect and direct support
3. Health	Antenatal checks at GP or hospital	GP, developmental health checks during babyhood and pre-school	GP, School nurse and CAMHS	GP, School nurse and CAMHS (Gillick competence permitting)	GP and CAMHS (Gillick competence permitting)
4. Transition times	Antenatal classes	Health visitors' home visits. Choice advisers	Home visits prior to starting school. Choice advisers	Integration and induction to new school for parents. Choice advisers	Transition into education, employment or training, (esp. for parents of SEN children)
5. Education for parents		Children's Centres, Early Years Education and childcare settings, PSAs	Classes for parents during school hours on school site. Signposting to other facilities. PSA	Classes for parents during school hours on school site. Signposting to other facilities. PSA	
6. Childcare support		Wrap-around extended services, PSAs	Wrap-around extended services PSAs	Wrap-around extended services PSAs	
7. Structured community support	Community venues e.g. drop-in sessions	Community venues e.g. drop-in sessions	Community venues e.g. sports and youth clubs	Community venues e.g. sports and youth clubs	Community venues e.g. sports and youth clubs
8. Support from local authorities	Support from Children's Services for teenage prospective parents and from Supporting People or Adult Services for vulnerable prospective parents	Referrals to/from Children's Services Teams e.g. EWO, Ed Psych., SEN Parent Partnership, Behaviour Support, EMA, Traveller, Looked After Children etc. Also from Supporting People or Adult Services for vulnerable parents.	Referrals to/from Children's Services Teams e.g. EWO, Ed Psych., SEN Parent Partnership, Behaviour Support, EMA, Traveller, Looked After Children etc. Also from Supporting People or Adult Services for vulnerable parents.	Referrals to/from Children's Services Teams e.g. EWO, Ed Psych., SEN Parent Partnership, Behaviour Support, EMA, Traveller, Looked After Children etc. Also from Supporting People or Adult Services for vulnerable parents.	Some Children's Services remain active for this age group. Transition to Supporting People or Adult Services for vulnerable young adults and those leaving care.
9.Troublespots	e.g. divorce, housing changes, bereavement, child protection issues and parental crime.	e.g. divorce, housing changes, bereavement, child protection issues and parental crime.	e.g. divorce, housing changes, bereavement, child protection issues and youth/parental crime.	e.g. divorce, housing changes, bereavement, child protection issues and youth/parental crime.	e.g. divorce, housing changes, bereavement, child protection issues and youth/adult crime.

This table describes the journey made by parents with typical opportunities for accessing the type of parental support that helps them most appropriately at any particular time.

The columns on the table show the nature of what support may be accessible to a typical parent of a child at any given age. These suggested 'gateways' to support are dependent on funding and provision within an area and do not comprise an exhaustive list.

The numbered rows indicate a timeline from the antenatal stage until children reach maturity. At Parentline Plus we acknowledge that although parental responsibilities diminish after children reach maturity, often the concern and bond between parents and their offspring increases with age, rather than decreases and we receive many inquiries from the parents of 'adult children' seeking support or advice.

1. Informal support is accessible to many parents via their family, friends, neighbours, and parents who have children of a similar age to their own. However it is important to note that many parents do not have ready access to family and may find relationships with other adults difficult to sustain because of the pressures in their lives. For example a single working parent would find it a challenge to befriend other adults in the school playground if they were unable to drop off or collect their own child regularly. Those parents who are new to this country or who have a limited grasp of English would find these issues exacerbated. Quinton's 2004 research showed that parents with effective informal support networks are more likely to access formal support when necessary than those without effective informal support[12].

2. Universal voluntary and charities sector (VCS) support is accessible throughout the parents' journey. Some services are very specific and offer support for particular issues and some are provided by small local providers, whereas others are national organisations with comprehensive support systems. Parents may access these VCS support services via a variety of means such as responding to posters and similar adverts, self-referral or referral from a professional. It is important that parents have confidence in the VCS as voluntary sector services may be commissioned to deliver a variety of support from the public sector across age phases, geographical areas, health, education and local authority settings[13].

3. Health service support can be universally accessible for most families and becomes targeted for specific conditions, but these are accessed via universal support such as an appointment with a GP. There are issues of access to information for parents who do not live with their offspring and for parents of older children in terms of health professionals' interpretation of Gillick Competence[14]. Some families will become better known to health professionals through sickness, accidental or deliberate injury and for these families targeted support may be more appropriate in order to improve children's life-chances. Adequate resourcing of antenatal classes and post natal support from midwives and health visitors is crucial to assist the

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[12] Quinton D, *Supporting Parents: Messages from Research* DfES/DH 2004

[13] Seaman P, Turner K, Hill M, Stafford A, Walker M, *Parenting and Children's Resilience in Disadvantaged Communities* NCB/JRF 2005

[14] BMJ Leader, *Gillick or Fraser? A plea for consistency over competence in children* ;332:807 (8 April 2006)

identification of families in need and to offer appropriate early intervention when necessary.

4. Transition times refer to those punctuation points during childhood indicating change from one education provider to another. For the clarity of the table, typical transition times have been used but many children will start school prior to their fifth birthday, or may attend separate schools for key stages 1 and 2 or attend middle schools and make transitions at ages nine and thirteen. Historically, the support offered at these times was universal but with successive spending reviews on local and national levels, many services have been cut back or simply cut altogether. Also it is more common for parents of younger children to receive support during transition times than parents of older children although secondary schools are increasingly building in parent support programmes on top of the established information giving meetings for new parents. The introduction of Choice Advisers in September 2006 should make the secondary school selection and transfer process easier in some areas for some targeted groups.

5. Education for parents is increasingly offered through schools and children's centres. Parents of younger children are given more opportunities for development than parents of older children and teenagers but this is now being addressed. In 2005 a DfES report found that 65% of primary schools and secondary schools provided parenting support.[15] Some of the classes may be designed to teach skills that will assist parents with general skills e.g. English classes or literacy, whereas others are specifically to support parenting skills with the aim of improving family communication or tackling antisocial behaviour. Both the general skills and the parenting skills' classes have intentional and serendipitous outcomes. The intentional outcomes would be included within the course aims and published for commissioners, facilitators and participants. The serendipitous outcomes may also be publicly recognised but are harder to define; they are the friendships and bonds that develop within a group which may offer longer term informal support as well as increased trust in public or voluntary sector institutions after the course has finished. Courses for parents are most successful in terms of achieving their aims when parents opt for the course rather than being coerced or forced; where sustained parental attendance is facilitated by crèches for younger children; the provision of interpreters where necessary and the sessions being free to parents.[16] The roles of Parent Support Advisers (PSA) should help to facilitate positive relationships between parents and schools provided that fostering and supporting these relationships is their primary role. If they are used in an enforcement capacity e.g. regarding attendance and exclusion issues, then parental confidence could be undermined.

6. Wraparound extended services can boost the skills and self-esteem of parents and children. In 2005 the DfES found that 12% of primary schools and 10% of secondary schools provided the core offer of childcare or activities for school aged children during term time; and 75% of primary schools and 97% of secondary schools provided community use of school facilities.[17] Evidence from an Ofsted survey conducted between April 2005 and March 2006 identified factors that contribute to effective provision of extended services and the difference made to those involved. Almost all the settings surveyed for the report were found to be effective in meeting the range of needs for children, young people and adults and all were highly

[15] Extended Services in Schools: *Baseline Survey* of Maintained Schools in 2005 (DfES Research Brief and Report 681)

[16] Love L and Richens H *First Steps into the library* Literacy Today (issue no. 36).September 2003

[17] Extended Services in Schools: *Baseline Survey* of Maintained Schools in 2005 (DfES Research Brief and Report 681)

committed to providing inclusive services by carrying out consultation to ensure community needs were reflected.[18]The Ofsted report found the major benefit gained by children, young people and adults through attending extended services were enhanced self-confidence, improved relationships, raised aspirations and better attitudes to learning. This view is backed by evidence from Scotland[19] and successive government initiatives introduced since 1997as outlined in the joint report from the DfES and Treasury.[20]

7. Community support may be offered by recognised voluntary or public sector venues such as halls servicing villages and housing estates. The variety is wide but the provision is extremely piecemeal, dependent on small grants and short-term fundraising schemes and on the goodwill and availability of volunteers who enable costs to remain low. Parents may have access to drop-in parent and toddler play sessions; sport, drama, dance or music classes for their children; faith groups for adults or children; organised clubs such as Scouts, Guides and Woodcraft; hobby clubs; skills sessions such as use of IT or language classes; social groups like youth clubs where they still exist and a multitude of miscellaneous community sessions developed according to local need and funding availability. Where it is children who participate in the sessions rather than parents, there are still opportunities for parents to build informal support networks with parents of other children attending sessions. Opportunities for these formal and informal social interactions for parents and children are essential in the building of cohesive communities which in turn helps to inhibit social exclusion, antisocial behaviour and encourages engagement with services such as health, education or crime prevention.

8. Local authority support can be presented in many forms. Some parents will rarely encounter local authority personnel, whereas others will meet many different teams from the former Education and Social Services departments if their child has complex needs. In other cases it will be the parents themselves who are needy and will be supported by the Adult or Supporting People Services, also part of the former Social Services departments, as well as potential support for their children from Children's Services. There are issues about the division of adult and child social services where an adult's needs impact upon children within their family and also when children with needs of their own move from the jurisdiction of children's services to adult services. It is difficult to encapsulate the wide variety of local authority support available, partly because some services are not universally available across the country, nor across the age range of childhood. Support from many specialist teams is targeted; although personnel such as Choice Advisers and EWOs will publicise their roles to parents, their contact with parents often starts after a problem, such as difficulty in selecting a new school or poor attendance, has been identified. Parents are often wary of accepting support offered for fear of being labelled as a bad parent[21]. In order to maximise parental engagement in services, for the benefit of children, it is crucial that services are respectful, flexible and non-judgemental. It is also very important that parents can access services when they need them, parents have said that they may cry out for help but are not heard until their issues reach crisis point.[22]

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[18] http://www.ofsted.gov.uk/news/index.cfm?fuseaction=story&id=50
[19] Blake Stevenson Ltd *Assessment of the benefits and costs of out of school care. Final Report.* The Scottish Executive 2003
[20] *Support for Parents: the best start for children* DfES/ HM Treasury 2005
[21] Family Policy Alliance *Parent Participation: Improving services for children and families* 2005
[22] Ibid.

9. Troublespots refer to those times when families encounter difficulties which may require the support and intervention from external sources. Some of these troublespots are temporary, for example an amicable divorce with agreed financial and custodial arrangements, and have a short duration before the family returns to an even keel; whereas others will require longer term intervention from services in cases such as custody battles, teenage parents, parents with addiction issues and parents and children within the criminal justice system. Services that work with these families have to be highly responsive to their particular needs and circumstances and must work creatively to prevent crises and escalation of existing issues. These services are also at the front end of the ongoing crusade to tackle the intergenerational cycle of disadvantage.[23]

In general the access to gateways is more limited if a typical path is not followed. Parents experience difficulties switching from one route to another for an infinite number of reasons including:

- Lack of constancy in government policy has not helped parents to understand their rights and responsibilities nor where to access information, advice and guidance when necessary.
- The differing physical boundaries of local authorities, health authorities and the VCS compounded by their differing remits and variety of transition points present a minefield for the most conscientious parent. For parents who cannot or will not engage, the perceptions of guilt, frustration and mistrust are increased.
- The variety of transition points increases if the private sector is included for education or health or mental health services although these are primarily accessed by more affluent and articulate parents.
- Too many services have been designed around the concept of parents being the problem or obstacle to children's welfare whereas most parents wish for nothing else but their children's welfare.
- Fear of being stigmatised or labelled as a bad parent and fear of losing control over decisions affecting their family.

It is possible to minimise the confusion experienced by parents through clear and consistent messages, secure funding and a comprehensive debate with all stakeholders (including, or rather, especially parents) on exactly what are parental rights and responsibilities in twenty-first century Britain.

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[23] Several papers from CMPO conference *Family Background and Child Development: The emerging story* 18th July 2006 www.bris.ac.uk/cmpo/events/workshops/family/main